

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number K00007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 485-3718	4. Manifest Tracking Number 008037598 FLE		
5. Generator's Name and Mailing Address Clean Harbors Lone Mountain LLC 2545 North New York Street Wichita, KS 67219 3181259-7400			Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name U S Bulk Transportation Inc			U.S. EPA ID Number PA2987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wameka, OK 73860 Facility's Phone: (580) 697-3500			U.S. EPA ID Number OKD065438376				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. * HAZARDOUS WASTE, SOLID, N.O.S., (FOOL, F003), B, PG III	1	BT	16	EST		
	2.						
	3.						
13. Waste Codes							
					F001	F002	
					F004	F005	
14. Special Handling Instructions and Additional Information L CH091502X08 CH09171 TRAFFIC TLAH/101							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name J.M. Tyson			Signature		Month	Day	
					2	2	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Robert Clark			Signature		Month	Day
Transporter 2 Printed/Typed Name			Signature		Month	Day	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name			Signature		Month	Day	

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UNIFORM HAZARDOUS WASTE MANIFEST		Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037598 FLE			
5. Generator's Name and Mailing Address Clean Harbors Kansas, LLC 2549 North New York Street Wichita, KS 67219 (316) 269-7400				Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name US Bulk Transportation Inc				U.S. EPA ID Number PA1987347515				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wannoka, OK 73860 Facility's Phone: (580) 697-3500				U.S. EPA ID Number ORD065438376				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	x	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III		1 OT		EST 16	Y	F001 F002 F003 F004 F005
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. CH831502K0H ERG#171 TR# 124 TL# 141								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Jim Tyson				Signature Jim Tyson		Month Day Year 2 2 15		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Anthony Carter				Signature		Month Day Year 02 03 15	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Bouchard				Signature Bouchard		Month Day Year 12 15 15		